

SECTION II - POSITIONS FOR WHICH YOU ARE APPLYING

13. EXPERIENCE

	a. CATEGORY NO. <i>(Refer to brochure for category numbers and enter in order of preference each category for which you are applying.)</i>	b. FULL SCHOOL YEARS OF TEACHER EXPERIENCE <i>(List number of school years teaching experience in each category for which you are applying.)</i>
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

14. COURSEWORK

a. PRINCIPAL COURSEWORK	b. TOTAL NO. OF SEMESTER HOURS*	a. PRINCIPAL COURSEWORK	b. TOTAL NO. OF SEMESTER HOURS*	a. PRINCIPAL COURSEWORK	b. TOTAL NO. OF SEMESTER HOURS*
Educational Technology		Family & Consumer Science		American Literature	
Art		Humanities		Special Education	
Business		Industrial Technology		Elementary Education <i>(Total)</i>	
Career Education		Library Science		Methods of Art	
Computer Science		Mathematics		Methods of Language Arts	
Drama		Music		Methods of Math	
Early Childhood		Physical Education		Methods of Music	
English		Reading		Methods of Reading	
English Second Language		Science <i>(Total)</i>		Methods of Science	
British Literature		Physics		Secondary Education	
Foreign Language: _____		Chemistry		Adaptive PE	
Guidance and Counseling		Biology		Talented and Gifted	
Health Education		Social Studies		Teaching of Composition	

15. HAVE YOU TAKEN THE NTE EXAM? IF YES, WHEN? *(Month and Year)*

YES ☐ NO ☐

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*(*To convert quarter hours to semester hours, multiply quarter hour by 2/3.)*

SECTION III - EDUCATION AND TRAINING

16. HIGHEST DEGREE HELD BA ☐ BA + 15 ☐ BA + 30 ☐ MA ☐ MA + 15 ☐ MA + 30 ☐ DOCTORATE ☐ 17. DEGREE GRANTED MONTH YEAR

18. LAST SCHOOL YEAR OF DODDS TEACHING EXPERIENCE *(Use only last 2 digits of school year)*

19. NAME AND LOCATION OF LAST DODDS SCHOOL ASSIGNMENT _____

20. NAME UNDER WHICH EMPLOYED *(If different from that listed)* _____

21. DO YOU CURRENTLY HOLD A VALID STATE CERTIFICATE? YES ☐ NO ☐ IF YES, WHAT KIND? _____ IN WHAT STATE?

22. HAS A VALID TEACHING CERTIFICATE EVER BEEN REVOKED FOR CAUSE? YES ☐ NO ☐ IF YES, EXPLAIN _____

23. HAVE YOU HAD TRAINING AND/OR EXPERIENCE IN THE FOLLOWING CURRICULA AND/OR INSTRUCTIONAL METHODS? *(X all that apply)*

a. Language Immersion	g. English as a Second Language <i>(ESL)</i>	m. NCTM Math Standards	MC: CIRC	s. Talented and Gifted	y. Human Sexuality
b. Business Lab	h. Service Learning	n. Reading Recovery		t. Distance Learning	
c. Early Childhood Education	i. Cooperative Learning	o. National Writing Project		u. Teaching Advanced Placement Courses	z. School to Work
d. Multiage/Multigrade Instruction	j. School/Community Partnership	p. Small School Experience		v. Peer Counseling	
e. Conducting In-service Training	k. Constructive Approach to Learning	q. Resource Based Learning/Information Literacy		w. Portfolio Assessment	
f. Drug and Alcohol Education	l. Micro Based Labs	r. Middle School Experience		x. Water Safety Instruction	

24. EXTRA-CURRICULAR ACTIVITIES *(If you have directed or coached activities listed below and are willing to do so, place an "X" in the proper block(s).)*

a. Athletic Director	d. Baseball	g. Cross Country	j. Chorus	m. Outward Bound	p. Soccer	s. Track & Field	v. Speech
b. Swimming	e. Basketball	h. Dramatics	k. Golf	n. Photography	q. Softball	t. Volleyball	w. Debate
c. Band/Orchestra	f. Cheerleader	i. Football	l. Gymnastics	o. School Publications	r. Tennis	u. Wrestling	x. JROTC Rifle Team

SECTION IV - CERTIFICATION

<p>25. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.</p>	<p>a. SIGNATURE <i>(Sign in dark ink)</i></p>	<p>b. DATE SIGNED</p>
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